

Dep/Ref  
RM 307

**PATENT**

**IN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE**

Application of:

Hansen et al.

U.S. National Phase (35 USC 371)  
Application Based on PCT/IB96/01410  
filed December 10, 1996

Serial No: 09/319,566

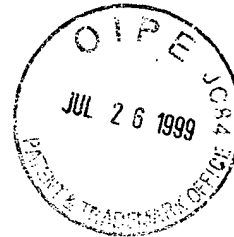
Filed: June 9, 1999

For: Double-Bond Shifts of Substituted  
(4N)-Annulenes for Information Storage  
and Data Processing

Examiner: Not Assigned

) I hereby certify that this paper is being  
) deposited with the United States Postal  
) Service as first class mail, postage  
) prepaid, in an envelope addressed to:  
) Assistant Commissioner for Patents  
) Washington, D.C. 20231, on this date:

July 22, 1999



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JUL - 5 2000

RECEIVED

Jeffrey S. Sharp

**REQUEST FOR REFUND (37 C.F.R. 1.28(a))**

Assistant Commissioner for Patents  
Washington, DC 20231

Atten: Refund Section, Accounting Division,  
Office of Finance

RECEIVED  
DEC 29 1999

RECEIVED  
NOV 10 1999

TECHNOLOGY CENTER 2800

FEE VALUE ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
FEE CODE	VALUE FURNISHED
970	420
966	45
964	39
154	65

Adjustment Date: 07/17/2000 SSALEK1  
09/13/1999 WCLAYBRO 00000104 132855 09319566  
01 FC:154 65.00 CR 65.00 CR

**I. SUBMISSION OF VERIFIED STATEMENT**

- (a) ☒ Attached is a verified statement claiming small entity status in this application.
- (b) ☐ A verified statement claiming small entity status was filed in this application on \_\_\_\_\_.

9/14/00 10 03 11 00

10/14/00

**II. REFUND REQUEST**

This request for refund is being made within two months of the date a fee was paid in this application on June 9, 1999 in the amount of \$1008.00. The amount of the refund requested is \$504.00.

**III. MANNER OF REFUND**

Please refund overpayment to Marshall, O'Toole, Gerstein, Murray & Borun in the form of a check.

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN,  
MURRAY & BORUN  
6300 Sears Tower  
233 South Wacker Drive  
Chicago, Illinois 60606-6402  
(312) 474-6300

FAX-312-474-0448  
NUMBER

By: \_\_\_\_\_

Jeffrey S. Sharp  
Reg. No: 31,879

July 22, 1999

**Customer Refunds by Electronic Funds Transfer**

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S. Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-6778.

If you are an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**PAYEE/COMPANY INFORMATION**

NAME: Marshall, O'Toole, Gerstein, Murray & Bore	SSN NO. OR TAXPAYER ID NO. Social Security No. or Employer Id No. 36-2353598
ADDRESS: 16300 Sears Tower	
233 S. Wacker Dr.	
Chicago, IL 60606	TELEPHONE NUMBER: (312) 474-6300

**FINANCIAL INSTITUTION INFORMATION**

Name of Bank: Harris Trust & Savings Bank	
NINE-DIGIT ROUTING TRANSIT NUMBER: 071 000 288	
DEPOSITOR ACCOUNT NUMBER: 333-575-9	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	